FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	244
NAME OF COMMITTEE (in full)	(Check if name Example: If typying, type	Office use only  12FE4M5
ı İnternational Br	otherhood of Electrical Workers Political Action Commi-	
L ttee L L L L		
	. 000 Count Ot NW	
ADDRESS (number and stre	eet) 900 Seventh St, NW	
(Check if address	s	
is changed)	Washington	DC 20001
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL		
pacreports@ibe	w.org 	
COMMITTEE'S WEB PA	AGE ADDRESS (URL)	
COMMITTEE'S FAX NU	IMBER	
2. DATE 0.3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICATI	ON NUMBER C C00027342	
4. IS THIS STATEME	NT NEW (N) OR X AMENDED (A)	
I certify that I have examine	ed this Statement and to the best of my knowledge and belief it is true, correct an	nd complete
Type or Print Name of Tr	reasurer Lindell K. Lee	
Signature of Treasurer	Electronically Filed by Lindell K. Lee	Date 04 / DDD / YYYYY
NOTE: Submission of false	e, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	
Office Use Only FE3AN042.PDF	For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

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5.	TYPE OF COM	MMITTEE (Check One)	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
	Name of Candidate		
	Candidate Party Affiliation	Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e) X	This committee is a separate segregated fund	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee.	d fund or party
6.	Name of Any	Connected Organization or Affiliated Committee	
L			
	Mailing Addres	ss Liliiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
		CITY▲ STATE ▲	ZIP CODE
	Relationship		
	Type of Conne	ected Organization:	
	Corpo	ration Corporation w/o Capital Stock Labor Organi	zation
	Memb	pership Organization Trade Association Cooperative	

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Write or Type Committee Name

	International Brotherhoo	od of Electrical Workers Political Action	Committee		
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.				
	Full Name				
	Title or Position ▼	CITY A	STATE <b>▲</b>	ZIP CODE A	
			Telephone number		
3.	Treasurer: List the name a	and address (phone number optional) of designated agent (e.g., assistant treasurer	the treasurer of the commit	tee; and the	
	Full Name of Treasurer Lindell I	K Lee	,		
	Mailing Address				
	Title or Position ♥	CITY &	STATE A	ZIP CODE A	
			Telephone number		
	Full Name of Designated Agent				
	Mailing Address				
	Title or Position ▼	CITY A	STATE A	ZIP CODE A	
			Telephone number	. – –	

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9.	Banks or Other Deposi safety deposit boxes or n		counts, rents
	Name of Bank, Deposito	ory, etc.	
	A	Amalgamated Bank	
	Mailing Address	1825 K Street, N.W.	
		Washington DC 2	20006
		CITY A STATE A	ZIP CODE 🛕
	Name of Bank, Deposito	ory, etc.	
	Mailing Address		
			1 1 1 1 1 1
			-

CITY 🔼

STATE **△** 

ZIP CODE 🛕

## Image# 28990727044

Image# 28990/2/	U <del>44</del>
Form/Schedule: <b>F1A</b> Transaction ID:	New Secretary-Treasurer Lindell K. Lee Correction on Line 5(e) to indicate 'Separate Segregated Fund'
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